



**2011 – 2012**  
**ARIZONA HIGHLY QUALIFIED ATTESTATION FORM**  
**INSTRUCTIONAL PARAPROFESSIONAL**

*(Pursuant to requirements mandated by P.L. 107-110 No Child Left Behind Legislation)*  
**To be completed by Instructional Paraprofessionals in Grades K-12**  
**working in any Title I Programs or in Title I School-Wide Schools.**

Name:		District:	
SSN (last 4 digits):		School:	

**Please check where applicable:**

1. ☐ Secondary school diploma or GED

**AND**

2. ☐ One of the following options:

Hold an associate's (or higher) degree (attach copy);

**OR**

Completed two years of study or 60 credit hours at an accredited institution of higher education (attach transcript);

**OR**

Obtained a passing score on an ADE-approved assessment (attach score report):

- ☐ ParaPro
- ☐ ACT Workkeys  
(requires Business Writing, Applied Math & Reading Comprehension test results)
- ☐ Master Teacher's Para Educator Learning Network

*If you checked 1 and 2, under federal guidelines you are **qualified to work in Title I schools or programs.***

☐ **Highly Qualified Paraprofessional**

☐ **Non-Highly Qualified Paraprofessional**

I attest to the factual completion of this evaluation.

\_\_\_\_\_  
*Signature of Paraprofessional*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Supervising Teacher #1*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*\*Signature of Supervising Teacher #2*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*\*Signature of Supervising Teacher #3*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Principal*

\_\_\_\_\_  
*Signature of Principal*

\_\_\_\_\_  
*Date*

\* Include additional teacher signatures if working with more than one. Each supervising teacher must be highly qualified.

***Attach all supporting documents.***